

Department of Human Services
Bureau of Human Service Licensing

January 21, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]
[REDACTED]

RE: THE VILLA ST. ELIZABETH
1201 MUSEUM ROAD
READING, PA, 19611
LICENSE/COC#: 20576

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *THE VILLA ST. ELIZABETH* License #: 20576 License Expiration: 11/18/2022
Address: 1201 MUSEUM ROAD, READING, PA 19611
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *04/20/1992* Issued By: *L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/22/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [REDACTED]

09/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 49

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 46
Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 0 Have Physical Disability: 3

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/09/2021*

12/13/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/20/2021*

01/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/23/21, Licensing inspection summary from 7/30/19 was posted on the home bulletin board, which is located in the hallway next to the office. The resident privacy coding was attached to the Licensing Inspection Summary.

Plan of Correction

Accept

1. Regulation 2600.17 is important because it protects resident privacy and ensures that communities comply with other applicable laws.
2. This regulation is violated when any resident personal information is available to any authorized persons outside of emergency use.
3. The violation occurred when it was discovered that a copy of the previous licensing inspection summary, on display in elevated document holder adjacent to the office of the administrator, had the privacy coding page attached without redaction.
4. To fix the violation right away, the copy was removed immediately. A fully redacted copy was provided to the inspector while on-site for review and displayed.
5. To ensure compliance in the future, the community's redaction software was reviewed and updated. The community's four licensed administrators have been re-covered on protocol and use of Adobe X software.
6. The administrators are directly responsible for the on-going compliance of this regulation.

Plan of Correction

Implemented

Reviewed Accepted POC. No further action necessary.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the local fire department indicated that the home has a licensing capacity of 92 and the current census of 52 residents with a number of them using canes and walkers. However, the current census of residents on 9/23/21 is 49 with numerous residents using wheelchairs and oxygen in addition to those that use canes and walkers.

Plan of Correction

Accept

1. Regulation 2600.124 is important because in the event of a fire or emergency, the local fire department will usually arrive within a matter of minutes. Having advanced knowledge of the layout of the home and the needs of the residents will help the fire department evacuate residents quickly.
2. This regulation is violated if a community has not submitted original documentation to its local fire company and received verification or has not updated described information in accordance with 2600.14C (Community Physical Site Alterations) or 2600.223 (Updated Services Provided by Community)
3. The management of the facility respectfully submits that absolutely NO VIOLATION occurred relative to this

124 - Notice to Fire Department (continued)

2600.124 regulation. Please see below the strict adherence by the Villa to this regulation. Breaking this regulation down line by line:

"The home shall notify the local fire department in writing of :

....the address of the home"- see attachment A – July 25,2021 written correspondence to the Fire Chief of the 2021 Fire Safety Plan on Villa stationery with the facility address in the footer;

....locations of the bedrooms" – see attachment A – "... Although our location, property layout and floor plans have not changed, I am attaching a copy of these documents as a matter of record.";

....and the assistance needed to evacuate in an emergency." - see Attachment A – "... The fire department has complete knowledge of our evacuations needs as a personal care home. For the record, the population is comprised of mostly octogenarians with various aging frailties. A number of them use canes & walkers; nonetheless, all of our residents are mobile."

Furthermore, underscoring the Villa's complete adherence to regulation 2600.124, the DISCUSSION paragraph recommends

"... The notification should include the following information, at a minimum:

..... The total capacity of the home." - see Attachment A – "... At the Villa we are licensed for 92 residents; however, our census is 52 residents."

.... A description of the general layout of the home (number of floors, wings, etc.). A diagram or blueprint of the home is acceptable." – see Attachment A – "... Although our location, property layout and floor plans have not changed, I am attaching a copy of these documents as a matter of record.";

Please note that the written correspondence 2021 Fire & Safety Plan for the Villa St. Elizabeth (Attachment A) dated 7-25-2021 and sent to the Reading Fire Chiefs' office completely complies with regulation 2600.124. The notification includes all requirements of the published regulation as well as the additional information recommended in the unofficial DISCUSSION SECTION. There never existed a requirement to send another "updated" plan to the Fire Chief's office.

In the DHS Inspector's DESCRIPTION OF VIOLATION, it was stated that "... The home's notice to the local fire department indicated that

".... the home has a licensing capacity of 92" – see Attachment A – " A t the Villa we are licensed for 92 residents." This entry complies with the 2600.124 regulation's DISCUSSION SECTION recommendation. Because the Villa enlarged its resident suite over fifteen years ago, we always state in our Fire & Safety Plan the current census at the time. "... however, our census is 52 residents." Please note that the current census entry is not a regulatory requirement of 2600.124; thus, the census at the time of the inspection (a mere difference of 3 residents) is a non-issue nor a violation.

" with numerous residents using wheelchairs and oxygen....." - see Attachment B – Licensing Inspection Summary – Resident Demographic Data as of Inspection Dates – "HAVE MOBILITY NEED: 0". Please note that these citations/observations related to wheelchairs and oxygen users are neither accurate nor related to this regulation 2600.124.

In conclusion, there was a detailed discussion at the exit meeting regarding this proposed violation to 2600.124. The inspector solely presented the three-resident difference (52 to 49) as the reason the Villa was required per 2600.124 to have issued a updated 2021 Fire & Safety Plan. At the exit meeting, the inspector falsely decreed that the Fire & Safety Plan was required to be revised and re-submitted to the city each and every time the resident census changed! The Villa Administrators explained that, as detailed above, a current census figure is not a requirement of 2600.124. This basis is supported by the Fire Marshall, who underscored that the Plan served the City by reviewing the state of the facility, fire exit demarcations, fire tower protections, evacuation routes, residents with mobility needs, etc. The exact number of residents was/is not required, and in fact, no residents had mobility needs. Finally, the inspector at the exit meeting never discussed wheelchairs and oxygen use. POC: There is no Plan of Correction required,

124 - Notice to Fire Department (continued)

because of the Villa 2021 Fire Safety Plan dated 7-25-2021 was submitted accurately and in full compliance of regulation 2600.124.

*Note Corresponding Attachments A + B

Document Submission**Implemented**

Reviewed Accepted POC. No further action necessary.

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation that was completed on [REDACTED] did not include the resident's weight. Resident #3's medical evaluation that was completed on [REDACTED] did not include [REDACTED] medication regimen.

Plan of Correction**Accept**

1. Regulation 2600.141A1-10 is important because accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that resident's medical needs will be met.
2. A violation may occur when any required element of the medical evaluation is incomplete
3. The root cause of this violation was clerical in nature as the home has migrated to electronic record keeping utilizing the tabula Pro software. Although the cited missing information was updated in the homes' database and current DME's for the 2021 year were reviewed for compliance, both of citations for corresponding privacy coded residents #2 and #3 were products of electronic scan conversion.
4. To fix the violation right away, the documents were updated with the correct information by the administrator while the inspector was still on-site.
5. To ensure on-going compliance to Regulation 2600.141(a) the administrators and care team supervisors underwent a training seminar with IT professionals with the Tabula Pro software co. Confirmation for completeness

141a 1-10 Medical Evaluation Information (continued)

alerts have been added to the document input functions. The home will also retain a scanned hard copy on file for any new resident that provides such documentation during the admission process to ensure integrity of attachments. 6. The administrators and care team leadership will be responsible for on-going compliance to Regulation 2600.141(a).

**Note: Prerequisite Regulatory Suspension 2600.141(b) 3/6/2020 - 9/30/2021 + Ind. Extension*

Update: 12/13/2021

Please note, per the Licensing Regulation Suspension: Personal Care Homes (2600).. 141a1 was not suspended. 12-13-2021 MM

Document Submission**Implemented**

Reviewed Accepted POC. No further action necessary.

182b - Prescription Medication**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff A and Staff B completed annual practicum for Medication Administration on 8/5/19 and 8/2/20. However, Staff A and Staff B did not complete the Medication Administration record review for Annual certification due 8/21. Staff A and B routinely administer medications but are not properly trained to do so.

Plan of Correction**Accept**

1. Regulation 2600.182(b) is very important because it ensures that medication will be administered safely and in accordance with best practices by trained professionals.
2. A violation may occur when a prescription medication that is not self-administered by a resident is not administered by one of the following:
 4. A staff person who has completed the medication administration training as specified in 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites
3. The root cause of this violation is the noted discovery of annual certification dates for senior med-techs corresponding to privacy code Staff A and B. With a perfect record of defense for residents and staff against the coronavirus and its variants throughout this pandemic time and the unfortunate critical spike in positivity rate in the Berks County area, the home was operating under the suspended provision of Regulation 2600.190 until a safe training accommodation could be had within the training grace period.
4. With no immediate fix to the annual re-certification, the home consulted its valued partner trainer to provide records and schedule suitable med-tech supplement training. The continued certification for the noted senior staff members was completed on 10/15/2021 while adhering to full covid-19 guidance to ensure safety and mitigation of any exposure event.
5. To ensure on-going compliance to 2600.182(b) and coinciding regulation 2600.190, the administrators have

182b - Prescription Medication (continued)

created an interactive spreadsheet with built-in training compliance reminders utilizing the home's Tabula Pro comprehensive software and trainer's schedule coordination.

6. The administrators will be responsible for on-going compliance to this regulation

*Note: Prerequisite Regulatory Suspension 2600.190 3/6/2020 - 9/30/2021 + Ind. Extension

Update: 12/13/2021

Please send/Attach proof of staff persons A & B's medication training. 12-13-2021 MM

Please note, per the Licensing Regulation Suspension: Personal Care Homes (2600).. 182b was not suspended. 12-13-2021 MM

Document Submission

Implemented

Reviewed Accepted POC. Attached re-certification documents for above named staff.

183d - Prescription Current**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

2 bottles of OTC house supply of [REDACTED] were located in the Med cart. The bottles were not being utilized for any specific resident.

Plan of Correction

Accept

1. Regulation 2600.183(d) is important because it ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.
2. A violation occurs when a medication that has been discontinued or prescribed to a resident that is no longer residing at the home is not properly disposed.
3. The root cause of this violation was the storage of OTC [REDACTED] bottles in an independent drawer of the home's locked medication cart inside the locked nurse's office. Per the 2600.183(d) regulatory discussion – "A home may store medications and/or vaccines intended for staff members of the home on the premises of the home. However, medications and/or vaccines which are only intended for staff members of the home should be stored separately from the residents' medications in a locked area that is inaccessible to residents."
4. Although storage of staff medications is permitted on premise and the OTC [REDACTED] medication was in a separate locked drawer inaccessible to residents, to avoid any confusion or opportunity for error the administrator and wellness director moved the medications to an alternate independently locked drawer within the secured office.
5. To ensure on-going compliance all staff medications for the community will be stored in the above described secured setting and routinely updated.
6. The administrators and wellness director will be responsible for on-going compliance of this regulation.

Document Submission

Implemented

Reviewed Accepted POC. No further action necessary.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results from the individual glucometer. Resident #1 – At [REDACTED] am on [REDACTED]/21 the reading on the glucometer was [REDACTED] but was incorrectly transcribed as [REDACTED]. Additionally, Resident #1 glucometer was not calibrated to the correct time.

Plan of Correction**Accept**

1. Regulation 2600.185(a) is very important as it reduces the risk that the medications and medical equipment will be misplaced, lost, or misused.
2. A violation occurred when a clerical error was recorded transcribing a resident's blood glucose measurement into the electronic medication administration record (MAR). The glucometer was also not calibrated to the correct time.
3. The root causes of this violation were the clerical mistake while inputting the reading into the E-MAR software and the failure of the medical supervisor to ensure proper calibration of the device.
4. To fix the violation right away, the administrator with the senior medication supervisor edited the ancillary clerical error and re-calibrated the time on the corresponding glucometer for the inspector to review while on-site.
5. To ensure on-going compliance to 2600.185(a), the administrators re-trained all med-techs on the proper procedures to daily verify the glucometers are calibrated and the procedure to re-calibrated and the procedure to re-calibrate and/or replace, if necessary. Tabula Pro real-time software confirmation and administrative reports.
6. The administrators and wellness director will be responsible for on-going compliance of this regulation.

*Note Corresponding Attachment A

Document Submission**Implemented**

Reviewed Accepted POC. No further action necessary.